

For address change, ☐ mark box.

→										Your Social Security Number
→										Spouse's Social Security Number

WEB

Print your Social Security Number. _____

REFUNDABLE TAX CREDITS AND PAYMENTS, Continued...

15C AMOUNT OF TAX WITHHELD FOR 2006 - Attach W-2 Form(s).	15C	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
15D AMOUNT OF CREDIT CARRIED FORWARD FROM 2005	15D	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
15E AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING - Enter name of partnership.	15E	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
15F AMOUNT OF ESTIMATED PAYMENTS FOR 2006	15F	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
15G AMOUNT PAID WITH EXTENSION REQUEST	15G	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
15H TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS - Add Lines 15A through 15G and print the result.	15H	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
16 OVERPAYMENT - If Line 15H is equal to Line 14, print zero, "0" on Lines 16 through 20 and go to Line 21. See address "2" below. If Line 15H is greater than Line 14, subtract Line 14 from Line 15H and print the result. If Line 15H is less than Line 14, print zero, "0" on Lines 16 through 19 and go to Line 20.	16	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
17A AMOUNT OF LINE 16 YOU WISH TO CONTRIBUTE TO THE MILITARY FAMILY ASSISTANCE FUND	17A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
17B AMOUNT OF LINE 16 YOU WISH TO DONATE TO VARIOUS CHARITIES - Print amount from Schedule D, Line 6.	17B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
17C AMOUNT OF LINE 16 YOU WISH TO CONTRIBUTE TO THE START PROGRAM - See instructions, page 12.	17C	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
17D AMOUNT OF LINE 16 TO BE CREDITED TO 2007 INCOME TAX - Subtract amounts entered on Line 17A through 17C.	CREDIT 17D	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
18 SUBTOTAL - Add Lines 17A through 17D and print the result.	18	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
19 AMOUNT OF LINE 16 TO BE REFUNDED TO YOU - Subtract Line 18 from Line 16 and print the result. See address "2" below.	REFUND 19	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
20 AMOUNT YOU OWE - If Line 15H is greater than or equal to Line 14, print zero, "0." If Line 14 is greater than Line 15H, then subtract Line 15H from Line 14 and print the result.	20	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
21 ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	21	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
22 INTEREST - From the Interest Calculation Worksheet, page 22, Line 5	22	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
23 DELINQUENT FILING PENALTY - From the Delinquent Filing Penalty Calculation Worksheet, page 22, Line 7.....	23	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
24 DELINQUENT PAYMENT PENALTY - From the Delinquent Payment Penalty Calculation Worksheet, page 22, Line 7	24	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
25 UNDERPAYMENT PENALTY - See instructions for Underpayment Penalty, page 22 and Form R-210R. If you are a farmer, see instructions on page 12 and check the box.	<input type="checkbox"/> 25	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
26 BALANCE DUE LOUISIANA - Add Lines 20 through 25 and print the result. Make payment to: Louisiana Department of Revenue. Mail to P.O. Box 3550, Baton Rouge, LA 70821-3550. For electronic payment options, see page 2. DO NOT SEND CASH.	PAY THIS AMOUNT. 26	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

I declare that I have examined this return, and to the best of my knowledge, it is true and complete. Declaration of paid preparer is based on all available information. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance in order to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted.

Your signature	Date	Your occupation	Signature of paid preparer other than taxpayer	
Spouse's signature (If filing jointly, both must sign.)	Date	Spouse's occupation	Telephone number of paid preparer	Date

Area code and daytime
telephone number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Individual Income Tax Return
Calendar year return due
5/15/2007.

Address

1	MAIL PAYMENTS TO: Department of Revenue P. O. Box 3550 Baton Rouge, LA 70821-3550
2	MAIL ALL OTHER RETURNS TO: Department of Revenue P. O. Box 3440 Baton Rouge, LA 70821-3440

Social Security Number, PTIN, or
FEIN of paid preparer

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**DO NOT SUBMIT A PHOTOCOPY
OF YOUR FEDERAL RETURN.**



FOR OFFICE USE ONLY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Extension claimed	<input type="checkbox"/> Field flag
<input type="checkbox"/> Routing code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

WEB

Attach to return if completed.Print your Social Security Number. 

--	--	--	--	--	--	--	--	--	--

2006 ADJUSTMENTS TO INCOME**LOUISIANA SCHEDULE E**

1	FEDERAL ADJUSTED GROSS INCOME – Print the amount from your Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37. If less than zero, print "0."	1	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
2	INTEREST INCOME AND DIVIDENDS FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS – Print the amount of interest and dividend income not reported on your federal return that is taxable to Louisiana. See instructions, page 13.	2	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
2A	RECAPTURE OF START CONTRIBUTIONS - See instructions, page 13.	2A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
3	TOTAL – Add Lines 1, 2, and 2A and print the result.	3	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4	EXEMPT INCOME – Print on Lines 4A through 4J the amount of exempted income included in Line 1 above.									
Please see instructions for Lines 4A through 4M, beginning on page 13.										
4A	INTEREST AND DIVIDENDS ON U. S. GOVERNMENT OBLIGATIONS	4A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4B	LOUISIANA STATE EMPLOYEES' RETIREMENT BENEFITS (Date retired: _____)	4B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4C	LOUISIANA STATE TEACHERS' RETIREMENT BENEFITS (Date retired: _____)	4C	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4D1	FEDERAL RETIREMENT BENEFITS (Date retired: _____)	4D1	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4D2	OTHER RETIREMENT BENEFITS (Date retired: _____) In the space provided below, print the name of the retirement system, or print the number of the statute exempting these benefits from Louisiana income tax.	4D2	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4E	ANNUAL RETIREMENT INCOME EXEMPTION FOR TAXPAYERS 65 or OVER. – See instructions for worksheet and computation, page 13. You must print the name of pension(s) or annuity(ies) below. Please see special notice on page 13 concerning prior tax years.	4E	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4F	TAXABLE AMOUNT OF SOCIAL SECURITY BENEFITS – Print the amount shown on your Federal Form 1040, Line 20b, OR Federal Form 1040A, Line 14b.	4F	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4G	NATIVE AMERICAN INCOME – See instructions, page 13.	4G	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4H	OTHER: List the source and amount of other income that Louisiana cannot tax. Do not list active federal or military income or income earned in another state. (See instructions, beginning on page 13.) Note: Credit for taxes paid to other states is claimed on Nonrefundable Tax Credits, Schedule G, Line 1. Part-year residents should use Form IT-540B. Nonresident professional athletes should use Form IT-540B-NRA.	4H	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4I	START SAVINGS PROGRAM CONTRIBUTION See instructions, page 14.	4I	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4J	MILITARY PAY EXCLUSION See instructions, page 14.	4J	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4K	TOTAL EXEMPT INCOME – Add Lines 4A through 4J and print the result.	4K	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4L	FEDERAL TAX APPLICABLE TO EXEMPT INCOME – See instructions, page 14. This amount cannot exceed the amount on Form IT-540, Line 8.	4L	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4M	EXEMPT INCOME – Subtract Line 4L from Line 4K and print the result.	4M	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
5A	LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280(C) WAGE EXPENSE ADJUSTMENT – Subtract Line 4M from Line 3 and print the result.	5A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
5B	IRC 280(C) WAGE EXPENSE ADJUSTMENT – Print the amount of your IRC 280(C) wage expense adjustment. Important! See instructions, page 14.	5B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
5C	LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 5B from Line 5A. Print the result here and on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7, indicating that Schedule E was used.	5C	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>



EASY FILE & EASY PAY
FAST and SIMPLE
www.revenue.louisiana.gov

WEB

Attach to return if completed.

Print your Social Security Number.

--	--	--	--	--	--	--	--	--	--

2006 DONATION SCHEDULE

SCHEDULE D

Individuals who file an individual income tax return and have overpaid their tax may choose to donate all or part of their overpayment shown on Form IT-540, Line 16 to the organizations listed below. Print on Lines 1 through 5 the portion of the overpayment you wish to donate. The total on Line 6 cannot exceed the amount of your overpayment on Form IT-540, Line 16.

1	WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND	1		,			,				.	00
2	LOUISIANA CANCER TRUST FUND – Prostate Cancer	2		,			,				.	00
3	LOUISIANA ANIMAL WELFARE COMMISSION	3		,			,				.	00
4	LOUISIANA HOUSING TRUST FUND	4		,			,				.	00
5	COMMUNITY BASED PRIMARY HEALTH CARE FUND	5		,			,				.	00
6	TOTAL DONATIONS – Add Lines 1 through 5. Print the result here and on Form IT-540, Line 17B.	6		,			,				.	00

2006 REFUNDABLE TAX CREDITS

SCHEDULE F

1	INVENTORY TAX CREDIT – See instructions, page 14.	1		,			,				.	00
2	AD VALOREM TAX CREDIT ON NATURAL GAS FACILITIES AND SERVICES – See instructions, page 14.	2		,			,				.	00
3	AD VALOREM TAX CREDIT FOR OFFSHORE VESSELS – See instructions, page 14.	3		,			,				.	00
4	SOUND RECORDING INVESTMENT TAX CREDIT – See instructions, page 14.	4		,			,				.	00
5	CREDIT FOR PROPERTY TAXES PAID BY TELEPHONE COMPANIES – See instructions, page 14.	5		,			,				.	00
6	PRISON INDUSTRY ENHANCEMENT PROGRAM CREDIT – See instructions, page 14.	6		,			,				.	00
7	URBAN REVITALIZATION – See instructions, page 14.	7		,			,				.	00
8	QUALITY JOBS PROGRAM REBATE – See instructions, page 14	8		,			,				.	00
9	LA Citizens	9		,			,				.	00
10	TOTAL – Add Lines 1 through 9. Print the result here and on Form IT-540, Line 15B.	10		,			,				.	00

2006 MODIFIED FEDERAL INCOME TAX INFORMATION

SCHEDULE H

1	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 2A.	1		,			,				.	00
2	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 2B.	2		,			,				.	00
3	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 5A.	3		,			,				.	00
4	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 7B.	4		,			,				.	00
5	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 8A.	5		,			,				.	00
6	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 9A.	6		,			,				.	00
7	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 18, Line 11.	7		,			,				.	00



Attach to return if completed.

Print your Social Security Number.

--	--	--	--	--	--	--	--	--	--

2006 NONREFUNDABLE TAX CREDITS

SCHEDULE G

1 CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES - Complete this part only if you paid income tax liabilities to other states and you were a resident of Louisiana. See instructions, page 14. A copy of the return filed with the other state(s) must be submitted with this schedule. Print the amount of the paid income tax liabilities to the other state(s). Round to the nearest dollar..... 1

--	--	--	--	--	--	--	--	--	--

 .

--	--	--	--	--	--	--	--	--	--

 . 00

2 CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate box(es). Only one credit is allowed per person. See instructions, beginning on page 15 for definitions of these disabilities. * 2C List dependent name(s) here. _____

	Deaf	Loss of limb	Mentally incapacitated	Blind				
2A Yourself	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	
2B Spouse.....	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	
2C Dependent *	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	

2D Print the total number of qualifying individuals. Only one credit is allowed per person. 2D

--	--

2E Multiply Line 2D by \$100 and print the result. 2E

--	--	--	--	--	--	--	--	--	--

 . 00

3 CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS

3A Print the value of computer or other technological equipment donated. Attach Form R-3400. See instructions, page 15. ... 3A

--	--	--	--	--	--	--	--	--	--

 .

--	--	--	--	--	--	--	--	--	--

 . 00

3B Multiply Line 3A by 40% (.40) and print the result. Round to the nearest dollar. 3B

--	--	--	--	--	--	--	--	--	--

 .

--	--	--	--	--	--	--	--	--	--

 . 00

4 CREDIT FOR CERTAIN FEDERAL TAX CREDITS

4A See instructions, page 15. 4A

--	--	--	--	--	--	--	--	--	--

 .

--	--	--	--	--	--	--	--	--	--

 . 00

4B Multiply Line 4A by 10% (.10). Print the result or \$25, whichever is less. This line is limited to \$25. 4B

--	--	--	--	--	--	--	--	--	--

 . 00

OTHER NONREFUNDABLE TAX CREDITS

SCHEDULE G

Enter credit description and associated code, along with the dollar amount of credit claimed. Please see instructions beginning on page 15.

CREDIT DESCRIPTION	CODE	AMOUNT OF CREDIT CLAIMED																							
5 MOTION PICTURE INVESTMENTS	<table border="1"><tr><td>2</td><td>5</td><td>1</td></tr></table>	2	5	15 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . 00																				
2	5	1																							
6 EDUCATION CREDIT - GRADES K - 12	<table border="1"><tr><td>0</td><td>9</td><td>9</td></tr></table>	0	9	96 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . 00																				
0	9	9																							
7	<table border="1"><tr><td></td><td></td><td></td></tr></table>			7 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . 00																				
8	<table border="1"><tr><td></td><td></td><td></td></tr></table>			8 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . 00																				
9	<table border="1"><tr><td></td><td></td><td></td></tr></table>			9 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . 00																				
10	<table border="1"><tr><td></td><td></td><td></td></tr></table>			10 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . 00																				
11 TOTAL NONREFUNDABLE TAX CREDITS - Add Lines 1, 2E, 3B, 4B, and 5 through 10. Print the result here and enter on Form IT-540, Line 11A. 11 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . 00																									

Description	Code
Education Credit	099
Premium Tax	100
Commercial Fishing	105
Family Responsibility	110
Small Town Doctor/Dentist	115
Bone Marrow	120
Law Enforcement Ed.	125
First Time Drug Offenders	130
Bulletproof Vest	135
Nonviolent Offenders	140
Qualified Playgrounds	150
Debt Issuance	155

Description	Code
Donations of Materials, Equipment, Advisors, Instructors	175
Angel Investor	180
Other	199
Atchafalaya Trace	200
Organ Donation	202
Household Expense for Physically and Mentally Incapable Persons	204
Vehicle Alternative Fuel	206

Description	Code
Previously Unemployed	208
Recycling Credit	210
Basic Skills Training	212
New Markets	214
Brownfields Investor	216
Dedicated Research	220
LCDFI Credit	222
Motion Picture Investment	251
Research and Development	252
Historic Structures	253
Digital Interactive Media	254

Description	Code
Technology Commercialization	255
Motion Picture Resident	256
Capital Company	257
Other	299
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Enterprise Zone	315
Other	399



EASY FILE & EASY PAY
FAST and SIMPLE
www.revenue.louisiana.gov

WEB